

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004334

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1070

STATE FILE NUMBER

FILED FEB 8 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Lukes Hospt.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY

OR
TOWN Pagedale

Inside Limits

Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

7125 Eltora

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First
Patrick

Middle

J

Last

Wiseman

4. DATE OF DEATH

Month

Day

Year

1-29-63

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

May 5-13

9. AGE (last birthday)

49

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Wagner Elect. Co.

Factory

11. BIRTHPLACE (City and state or country)

Altoona, Pa.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Patrick Wiseman

13b. MOTHER'S MAIDEN NAME

Alice Toomey

14. NAME OF HUSBAND OR WIFE

Lillian Wiseman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)

Yes W.W. #2

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Lillian Wiseman 7125 Eltora

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Ruptured dissecting aneurysm thoracic aorta

INTERVAL BETWEEN ONSET AND DEATH

6 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hemo pericardium

DUE TO (c)

451x

Minutes

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

[REDACTED]

20f. CITY, TOWN, OR LOCATION

[REDACTED]

COUNTY

[REDACTED]

STATE

[REDACTED]

21. I attended the deceased from 6-8-45 to Jan. 29, 1963

and last saw him alive on Jan. 28, 1963

Death occurred at 12:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

[Signature]

(Degree or title)

MD

22b. ADDRESS

804 Hamilton Blvd

St. Louis, Mo

22c. DATE SIGNED

1-30-63

23a. BURNING, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

2-1-1963

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Jefferson Brks, Missouri

(State)

[REDACTED]

24. FUNERAL DIRECTOR

J.W. Clark F.H. 1125

ADDRESS

Hodiamont Ave.

25. DATE RECD. BY LOCAL REG.

FEB 1 1963

26. REGISTRAR'S SIGNATURE

[Signature]

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300
Rev. 4/59

1

240353

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81

Dr. Fred J. Clark
864 Hamilton Ave. 2:45P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *W. Willenbrink*

Licensed Embalmer No. 4531

P. O. Address *St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.